



Police Department

Field Interview Form

Name:

Address:

Phone:

Daily Call Time:

Relative/Keyholder's Name:

Relative/Keyholder's Phone Number:

Relative/Keyholder's Address:

Medical History:

Pets:

FAYETTEVILLE POLICE DEPARTMENT

467 Hay Street

Fayetteville, North Carolina 28301-5565

WAIVER- RELEASE AND HOLD HARMLESS THE FAYETTEVILLE POLICE DEPARTMENT AND THE CITY OF FAYETTEVILLE AGAINST ANY CLAIM IN RELATION TO SERVICE RECEIVED THROUGH THE COMMUNITY CARE PROGRAM.

Subscriber acknowledges that the Fayetteville Police Department and the City of Fayetteville are providing this service as a *public service and for no compensation*. Subscriber recognizes that the Fayetteville Police Department and the City of Fayetteville may, in their sole discretion, *terminate this service at any time*. *Subscriber also acknowledges that technical problems or human error may result in a failure of the services at any time*. In consideration of these factors, SUBSCRIBER HEREBY WAIVES, RELEASES, AND HOLDS HARMLESS THE FAYETTEVILLE POLICE DEPARTMENT AND THE CITY OF FAYETTEVILLE FROM ANY CLAIM ARISING FROM A FAILURE, FOR ANY REASON, TO PROVIDE THE SERVICES CONTEMPLATED BY THIS AGREEMENT, AND SUBSCRIBER FURTHER AGREES TO WAIVE, RELEASE, AND HOLD HARMLESS THE FAYETTEVILLE POLICE DEPARTMENT AND THE CITY OF FAYETTEVILLE AGAINST ANY CLAIM FOR DIRECT, INCIDENTAL, OR CONSEQUENTIAL DAMAGES ARISING FROM ANY ACT OR OMISSION OF THE FAYETTEVILLE POLICE DEPARTMENT AND THE CITY OF FAYETTEVILLE, THEIR VOLUNTEERS, AGENCIES, OR EMPLOYEES, IN CONNECTION WITH THE FAYETTEVILLE POLICE DEPARTMENT AND THE CITY OF FAYETTEVILLE'S PARTICIPATION IN THIS PROGRAM.

Participant's Signature

Date

Witness

Date

FAYETTEVILLE POLICE DEPARTMENT

467 Hay Street

Fayetteville, North Carolina 28301-5565

I, _____, agree to participate in the Fayetteville Police Department's **Community Care Program**. I do hereby give my permission to representatives of the Fayetteville Police Department to respond appropriately to any perceived emergency situation involving my health and/or safety.

If a keyholder is identified on my interview form, I give my permission for them to release my key for emergency response.

It is my understanding that the information contained on the interview form will be released to Law Enforcement as necessary for me to participate in the **Community Care Program**.

Participant's Signature

Date

Interviewer

Date